

TOWN OF BIG FLATS WATER DEPARTMENT

Application For New Water Tap and Service Connection

(includes any increase in size of current service connection)

Please remit
with
\$75.00
fee.

PROPERTY OWNER

NAME _____

MAILING ADDRESS _____

DAYTIME PHONE _____

CITY, ST, ZIP _____

OTHER PHONE _____

AGENT OF OWNER

NAME _____

MAILING ADDRESS _____

DAYTIME PHONE _____

CITY, ST, ZIP _____

OTHER PHONE _____

CERTIFICATE OF INSURANCE RECEIVED (TOWN OF BIG FLATS NAMED) YES ____ NO ____

NEW CONSTRUCTION: YES ____ NO ____, IF YES BUILDING PERMIT # _____

PHYSICAL LOCATION WHERE SERVICE IS REQUESTED: PARCEL/TAX ID# _____

PROPERTY HAS: SEWER ☐ SEPTIC ☐

RESIDENTIAL: 1-FAMILY ____ MULTI-FAMILY ____ (# OF UNITS ____)

IF RESIDENTIAL PLEASE GO TO NEXT PAGE.

NON-RESIDENTIAL ____

IF NON-RESIDENTIAL, WHAT IS THE NATURE OF OCCUPANCY? (COMMERCIAL, INDUSTRIAL, ETC)

ON SEPARATE SHEET PLEASE PROVIDE A BRIEF DESCRIPTION OF THE BUSINESS. INCLUDE A DESCRIPTION OF ACTIVITIES, FACILITIES AND PLANT PROCESSES ON THE PREMISES, IF ANY, INCLUDING A LIST OF RAW MATERIALS USED AND PRODUCT(S) PRODUCED. IF SIC NUMBER IS KNOWN PLEASE INCLUDE THAT AS WELL.

ARE ANY HAZARDOUS WASTES TO BE USED, STORED OR PRODUCED ON SITE? YES ____, EXPLAIN BELOW, NO ____

ANTICIPATED WATER CONSUMPTION

GALLONS PER DAY _____ PEAK TIME: GALLONS PER DAY _____

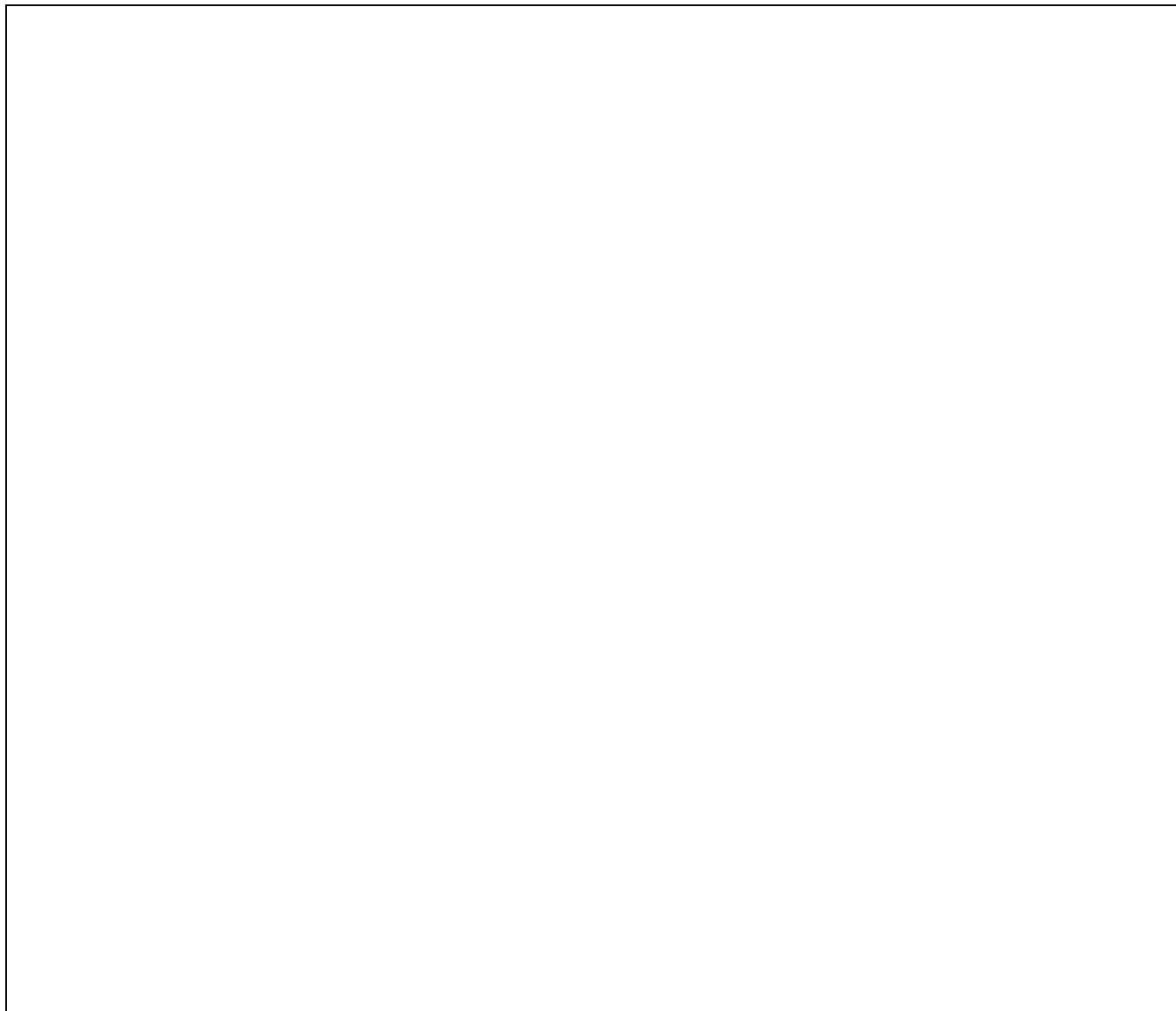
VARIANCES: SEASONAL, MONTHLY, ETC.? IF ANY _____

EMPLOYEES _____ # PUBLIC RESTROOMS ON SITE _____

BACKFLOW: ALL DEVICES ARE TO BE TESTED ANNUALLY PER NYSDOH.

LIST BRAND, MODEL #, TYPE AND LOCATION OF ALL DEVICES TO BE INSTALLED.

SKETCH PLAN- INCLUDE STREET NAMES, CROSS STREETS, PROPERTY ENTRANCE, METER LOCATION, DISTANCE FROM BOUNDARIES, TAP LOCATION, SEPTIC, SEWER, WELLS ETC.



DATE TAP REQUESTED: _____

TAP SIZE _____ METER SIZE _____ # METERS _____

ACTUAL DATE TAPPED: _____ TAPPED BY: _____

DATE: _____ OWNER/AGENT OF OWNER : _____

DATE: _____ WATER SYSTEM SUPERVISOR : _____